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CONFIRMATION NO. 4549

SERIAL NUMBER 10/623,488	FILING OR 371(c) DATE 07/18/2003 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 5871-00101
APPLICANTS David A. Nelson, Austin, TX; ** CONTINUING DATA ***** This appln claims benefit of 60/401,914 08/08/2002 ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 10/22/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Frederick J. Stigall</i> 5/30/06 Examiner's Signature Initials		STATE OR COUNTRY TX	SHEETS DRAWING 10	TOTAL CLAIMS 37 INDEPENDENT CLAIMS 3
ADDRESS Conley Rose, P.C. P.O. Box 684908 Austin, TX 78768-4908				
TITLE Catheter system and method for administering regional anesthesia to a patient				
FILING FEE RECEIVED 603	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	